The Core Principles for End-of-Life Care

POSITION STATEMENT

Approved by the Board of Trustees, June 2001

"Policy documents are approved by the APA Assembly and Board of Trustees…These are … position statements that define APA official policy on specific subjects…” -- APA Operations Manual.

A The Core Principles for End-of-Life Care

1. Respecting the dignity of both patient and caregivers;
2. Be sensitive to and respectful of the patient's and family's wishes;
3. Use the most appropriate measures that are consistent with patient choices;
4. Encompass alleviation of pain and other physical symptoms;
5. Assess and manage psychological, social and spiritual/religious problems;
6. Offer continuity (the patient should be able to continue to be cared for, if so desired, by his/her primary care and specialist providers);
7. Provide access to any therapy which may realistically be expected to improve the patient's quality of life, including alternative or non-traditional treatments;
8. Provide access to palliative and hospice care;
9. Respect the right to refuse treatment;
10. Respect the physician's professional responsibility to discontinue some treatments when appropriate, with consideration for both the patient, and family's preferences;
11. Promote clinical and evidence-based research on providing care at the end of life.

B Annotations and Addition to the Core Principles for End-of-Life Care for Psychiatry

1. Respecting the dignity of both patient and caregivers;
2. Explore, identify and be sensitive to and respectful of the patients' wishes; patient's, family's, loved ones and/or surrogate's wishes;
3. Use the most appropriate measures that are consistent with the patient's and/or surrogate's choices;
4. Ensure the alleviation of pain, suffering and other physical and mental symptoms;
5. Assess and manage psychological, social, cultural, spiritual and religious concerns and problems;
6. Ensure appropriate continuity of care by the patient's primary and/or specialist physician to preserve longstanding patient-caregiver relationships when consistent with the patient's or surrogate's wishes;
7. Provide access to any therapy which may realistically be expected to improve the patient's quality of life, including alternative or non-traditional treatment. Patients who choose alternative or treatment should not be abandoned;
8. Provide timely access to palliative and hospice care;
9. Respect the patient's right to refuse treatment or his/her authorized surrogate;
10. Respect the physician's professional responsibility to discontinue some treatments when futile or otherwise appropriate, with consideration for the patient's, family's, loved one's and/or surrogate's preferences;
11. Promote clinical and evidence-based research on providing care at the end of life.

The APA Committee on End of Life Issues recommended endorsement of The Core Principles for End-of-Life Care as an interim step while the role of psychiatrists in end of life care is developed. For information on the origin of The Principles and the health organizations/medical specialty societies which have adopted them see the web site:  http://www.milbank.org/endoflife/.